



CITY OF MIAMI GARDENS

APPLICATION FOR RE-OCCUPANCY CERTIFICATE



PURPOSE

- Ensure that housing units are in compliance with current zoning requirements.
- Provide new buyers with re-occupancy certificate verifying that no zoning violations exist on the property.
- The City of Miami Gardens will provide a "Courtesy Sheet" identifying any outstanding code violations
- Applies to all residential units within the City of Miami Gardens.

LEGISLATIVE AUTHORIZATION

- Ordinance 2009-04-176 (adopted by City Council on January 28, 2009)
- Effective date of this Ordinance is October 1, 2009.

INSTRUCTIONS

To obtain a Re-Occupancy Certificate please submit the attached application, the required \$150.00 (standard) and \$225 (expedited) certificate fee, and a copy of a signed purchase agreement signed by the Seller and Buyer. You may drop off or mail your documents along with payment to:

City of Miami Gardens

1515 NW 167th Street
Attn: Code Enforcement
Miami Gardens, FL. 33169

Upon receipt of your application the City will contact the Real Estate Agent or designated contact person on the application to schedule a date and time for the City's Housing Inspector to gain access into the property. Please allow 5-7 business days for your certificate to be issued. (3 days for expedited)

If you have any questions or concerns, feel free to contact the Department of Code Enforcement at Phone: (305) 622-8020 or Fax: (305) 622-8855. Details on the purpose of this program and procedures can be found attached to this application. **Failure to obtain the Re-Occupancy Certificate will result in fines imposed against the property.**

APPLICATION ON BACK





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APPLICATION FOR

RE-OCCUPANCY CERTIFICATE



PROPERTY INFORMATION

Folio: _____ No. of Bedrooms: _____ No. of Baths: _____

Property Address: _____ Apartment/Unit #: _____

City: Miami Gardens _____ State: FL _____ ZIP: _____

Closing Date: _____

SELLER INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____ Apartment/Unit # _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

BUYER INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____ Apartment/Unit #: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

AGENT / DESIGNATED CONTACT INFORMATION

Agency Name: _____

Contact Name: _____

Phone: _____ Fax: _____

Mailing Address: _____ Apartment/Unit #: _____

City: _____ State: _____ ZIP: _____

SIGNATURES

Buyer or Seller's Signature: _____ Buyer or Seller's Driver's License #: _____

Realtor or Bank Agent Signature: _____ Realtor or Bank Agent's License #: _____